PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/030,002			ing Date 19/2002	To be Mailed
	Al	PPLICATION	AS FILE		OTHER THAN SMALL ENTITY OR SMALL ENTITY						
Н	FOR		NUMBER FILED		(Column 2) NUMBER EXTRA		RATE (\$)	FEE (\$)	T	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),		N/A		N/A		N/A	1 == (0)	1	N/A	(4)
	SEARCH FEE (37 CFR 1.16(k), (i),		N/A		N/A		N/A		1	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E	N/A		N/A		N/A		1	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•		x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))	S	minus 3 =		•		x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50	ings exceed 100 tion size fee due y) for each on thereof. See 7 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))						1			1		
* If the difference in column 1 is less than zero, enter "0" in column 2.						•	TOTAL		1	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAI (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENT											
AMENDMENT	11/09/2009	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18())	* 26	Minus	<b>~ 20</b>	= 6	]	x \$ =		OR	X \$52=	312
	Independent (37 CFR 1.16(h))	• 6	Minus	•••5	= 1	1	x \$ =		OR	X \$220=	220
	Application Size Fee (37 CFR 1.16(s))								П		
۸	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	532
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,18(i))		Minus		=	1	x \$ =		OR	x \$ =	
M	Independent (37 CFR 1,16(h))		Minus	***	-	]	x \$ =		OR	x s =	
딦	Application Size Fee (37 CFR 1.16(s))					]			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
									OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 4, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "4".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "4".  The "Highest Number											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentiality is ownered by \$8 USE. of 122 and 37 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Chief information Officer. US. Fatential and Trademark Office, U.S. Department of Communos, D.O. Box 1450, Aboxandria, VA 2213-1450, DO NOT SEND FEES OR CORPLETED FORMS TO THIS AUDIENTS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.